



PATENT  
Q147-US2

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Hisashi Tsukamoto et al.

Serial No: 10/718,927

Filed: November 19, 2003

For: IMPLANTABLE MEDICAL POWER  
MODULE

Art Unit: 2838

Examiner: Edward H. Tso

CERTIFICATE OF MAILING  
VIA FIRST CLASS MAIL (37 CFR 1.8)

Dated: February 15, 2005

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

I hereby certify that the following attached documents are being deposited with the United States Postal Service as first class mail under 37 CFR 1.8 on the date indicated above and are addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

1. Transmittal Letter
2. Fee Transmittal Letter (in duplicate)
3. Amendment and Request for Reconsideration
4. Self addressed stamped postcard

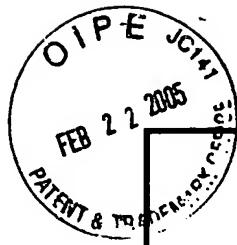
February 15, 2005

Date of Deposit

Lisa K. Robbins

Name of Person Mailing paper or fee

Signature



# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/718,927
Filing Date	November 19, 2003
First Named Inventor	Hisashi Tsukamoto et al.
Group Art Unit	2838
Examiner Name	Edward Tso
Attorney Docket Number	Q147-US2

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Authorized <input checked="" type="checkbox"/> Amendment After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53	Assignment Papers (for an Application) Drawing(s) Licensing-related Papers Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s) _____	After Allowance Communication to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please identify below):
Remarks		

Customer Number or Bar Code Label

31815

(Insert Customer No. or Attach bar code label here)

The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-0921. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

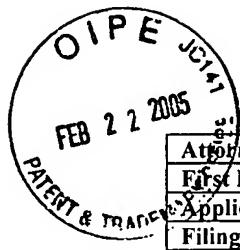
By:

Travis Dodd  
Attorneys for Applicant(s)  
P.O. Box 923127  
Sylmar, CA 91392-3127

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail  
In an envelope addressed to: Commissioner of Patents and Trademarks, Washington, DC 20231 on this date:

Typed or printed name	TRAVIS DODD		
Signature	Date		



## FEE TRANSMITTAL

Attorney Docket No.	Q147-US2
First Named Inventor:	Hisashi Tsukamoto et al.
Application Number	10/718,927
Filing Date:	November 19, 2003
Examiner Name:	Edward H. Tso
Group/Art Unit:	2838

<b>TOTAL AMOUNT OF PAYMENT:</b>	<b>\$ 000.00</b>
<b>METHOD OF PAYMENT (check One)</b>	<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and/or credit any over payment to:            Deposit Account No.: 50-0921            Deposit Account Name: Quallion LLC</p> <p><input checked="" type="checkbox"/> Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p>2. <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order  <input type="checkbox"/> Other – Credit Card</p>

### 2. UTILITY Basic Filing Fee & Claims

(1) For	(2) No. filed	(3) No. extra	(4) Large Entity	(5) Small Entity	(6) Calculations
Basic Filing Fee	XX	XX	\$ 300.00	\$ 150.00	\$ .00
Total Claims	30 - 70 =	0	X \$ 50.00	X \$ 25.00	\$ .00
Independent Claims	4 - 7 =	0	X \$ 200.00	X \$ 100.00	\$ .00
Multiple Dependent Claim(s) (if applicable)			\$ 360.00	\$ 180.00	\$ .00
<b>Total of above Calculations =</b>					<b>\$ .00</b>

Basic Filing Fee	Large Entity	Small Entity	Total
Design filing fee	\$ 200.00	\$ 100.00	\$ 000.00
Reissue filing fee	\$ 300.00	\$ 150.00	\$ 0.00
Provisional filing fee	\$ 200.00	\$ 100.00	\$ 00.00
<b>Total of above Calculations =</b>			<b>\$ 00.00</b>

### 3. ADDITIONAL FEES

Fee Description	Large Entity	Small Entity	Other
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
<b>TOTAL:</b>			<b>\$</b>

Name (print/type)	TRAVIS L. DODD	Registration No.: (Attorney/Agent)	42,491
Signature		Date	2/15/2005

PATENT  
DOCKET NO. Q147-US2

JFM

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Re Application of:  
TSUKAMOTO et al. : Examiner: Edward H. Tso  
Serial No.: 10/718,927 : Art Unit: 2838  
Filed: November 19, 2003 :  
For: IMPLANTABLE MEDICAL  
POWER MODULE :

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**AMENDMENT AND REQUEST FOR RECONSIDERATION**

This communication is in response to the Office Action mailed October 20, 2004.